

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

99802

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 14<sup>th</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Unverdross

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days,

Color,

White

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany - 4 days

Duration of Residence in the City of Baltimore,

4 days

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary), Second (Immediate), }

Chronic parenchymatous nephritis  
Uraemic coma

Duration of Last Sickness,

Eight years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, May 16<sup>th</sup> '87

Undertaker, Henry Sautter

C. F. Mitchell M. D.  
Medical Attendant.

Place of Business, 1710 Canton St.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



## OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death, May 14<sup>th</sup> 187

Sex, ~~Male~~ Female, { Cross out the word not  
required in this line, }

Age, 69 Years, \_\_\_\_\_ Months, 7 Days.

Color, White

~~Married, Single, Widow or Widower~~ { Cross out the words not  
required in this line. }

Occupation, Strickman

Birthplace. { State or country (and how )  
long in the United States, }

Duration of Residence in the City of Baltimore, *about 40 years -*

Place of Death (Give street and ) 302 S. Fuller Ave

( Fleet (Delegation) )

Cause of Death, } The ship - Disease

Duration of Last Sickness *See Jan 6<sup>th</sup> 187*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Oliver*

Date of Burial, *May 16<sup>th</sup> 1881* *(J. J. C. Jones)* Medical Attendant.

Undertaker, *St. M. Leonard* 200 321 1/2 B...

Place of Business. *77 W Baltimore*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99804

Office of Registrar of Vital Statistics.

Ward 16 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Raleigh N. C.

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give Street and Number. } No 767 Dover st

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, May 15<sup>th</sup> 1887

Undertaker, W. N. Dungee

Place of Business, 62 East st Address, *[Signature]* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry M. McKeuen Sanitary Inspector



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 14, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Spencer,

Sex, Male or Female, { cross out the word not required in this line. }

Age, 48. Years, Months, Days.

Color, White -

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Iceland - 12 yrs.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give street and number } 1710 Park Place.

Cause of Death, { First, (Primary.) Gastro-Intestinal Inflammation. Second, (Immediate,) Asthenia.

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 16, 87 James Brown M. D. Medical Attendant.

Undertaker, John Weaver 41216 John St.

Place of Business, 1387 E. Canton St. Address, 1710 Park Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99806 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Taylor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } V

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } Chapel Home, Refinery, Broadway

Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Obilis

Duration of Last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 17, 1897

{ Undertaker, John W. Jackson

{ Place of Business, Gay & Leonard Address, Chapel Home, Refinery, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Ward 20

Office of Registrar of Vital Statistics.

Permit No. 99807

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, Annie H. Samuel Prattis  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 7 Months, 7 Days.

Color, Colored  
Cross out the word not required in this line.

~~Married~~, Single, ~~Widow or Widower~~

Occupation, Laundress

Birthplace, 1 wk  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 1221

Place of Death, inflammation of Brain  
Give street and number.

Cause of death, several days  
First, (Primary), Second, (Immediate),

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Sharps

Date of Burial, May 16<sup>th</sup> 1887

Undertaker, Deaf Hemslers

Place of Business, 561 Orchard St

Gray Smith M. D.,  
 Medical Attendant.  
 Address, Green near Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Health Department, City of Baltimore.

Permit No. 99808 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14: 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Maunden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 631 Bruce st

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 16/87

{ Undertaker, C. J. Scriven } J. B. Williams M. D. Medical Attendant.

{ Place of Business, 925 Madison } Address, 900 Mad. av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9980 Office of Registrar of Vital Statistics.

Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 15<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Batterfield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, 9 Months, 23 Days.

Color, White

Married, Single ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Produce Dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, { Give Street and Number. } 235 S. Durham St.

Cause of Death, { First (Primary), Second (Immediate), } Dropty

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 17<sup>th</sup> 1887

Undertaker, Dunphy & Butcher Nicholas J. Dathill, M. D. Medical Attendant.

Place of Business, 65 S Broadway Address, 700 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99810 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo W Spies  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, W  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Engineer  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give Street and Number. } 103 W Hill  
Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis  
Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, May 17/87  
Date of Burial, London Park  
{ Undertaker, Christy } J. W. Webster M. D. Medical Attendant.  
{ Place of Business, 715 Light } Address, 106 Barron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99811 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. Hughes,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years,  Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, No occupation

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1925 Gough St.

Cause of Death, { First (Primary), Second (Immediate). } Phthisis Pulmonalis,  
Exhaustion

Duration of Last Sickness, 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16/87

Undertaker, Wm. S. Guy Geo. D. Reynolds M. D.

Medical Attendant.

Place of Business, 301 W. Broadway Address, 711 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]